

PROGRESS SHEET – APPLICATION FOR WATER RIGHT

☐ SURFACE WATER ☒ GROUND WATER

NAME: **Eastern Washington University** c/o Shawn King, AVP for Facilities & Planning
 ADDRESS: 526 5th Street, Cheney, WA 9904
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 360.570.8244; linton@pgwg.com

☐ ASSIGNED (SEE BACK OF PAGE)

SPOKANE COUNTY

WRIA

34

WRTS No. G3-30631

ID No. **4713471**

Rejected 1-5-2012

APPLICATION NO.: G3-30631

PRIORITY DATE: December 6, 2010

Date App rcvd: **12-6-2010** Date fee rcvd: **N/A** Amount \$ _____ Check No.: _____

Returned for completion or correction: _____ Rcvd: _____

Statement of additional exam. fee: Rcvd: _____ Amount **\$488.89** Check No.: _____

☐ Application mapped by: _____ date: _____

PUBLICATION:

☐ SPOTTED

Newspaper(s): Cheney Free Press, Spokesman Review, Spokane Valley Herald, Standard Register, The Tribune

OK'd by: _____ Date Notice Sent _____

Date Affidavit rec'd: _____ Time expires: _____

Checked by: _____ Date: _____

☐ Protests: _____ ☐ Fee rec'd: _____

☐ Field Packet sent: _____ by: _____

SEPA REQUIRED ☒ YES ☐ NO - EXEMPT

Checklist requested by: **K.Ryf** date: _____ note: _____

Checklist fwd to SEPA project manager by: _____ date: _____

INTERESTED PARTIES:

☐ Health _____ ☐ WDFW _____ ☐ Tribe _____

WDFW COMMENT: ☐ YES ☐ NO Note: _____

FISH SCREEN: ☐ YES ☐ NO LOW FLOW PROVISIO: ☐ YES ☐ NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: ☒ YES ☐ NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED

☐ ROE map checked by: _____ date: _____

☐ Permit map checked by: _____ date: _____

DEVELOPMENT SCHEDULE:

BC due: _____ EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: ☐ YES ☐ NO Note: _____

CC due: _____ EXT to: _____ CC filed: _____

PA due: _____ EXT to: _____ PA filed: _____

METER INSTALLED: ☐ YES ☐ NO Meter ID No.: _____

FISH SCREEN INSTALLED: ☐ YES ☐ NO Note: _____

PA FIELD EXAMINATION REQUIRED: ☐ YES ☐ NO

Date examination made: _____ By: _____

APPROVED FOR CERTIFICATE: ☐ YES ☐ NO

Cert. fee: \$ _____ Date letter sent: _____ Fee rec'd: _____ Check No.: _____

☐ Certificate map checked by: _____ date: _____ Date Certificate issued: _____

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: 858-1 22-9914

☐ Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

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